Retail Food Inspection Report

Floyd County Health Department Telephone (812) 948-4726

Establishment N	ame			Telephone Number Est 812-946-3158 Own 502-644-0635	Date of Inspection	ID#	
Address 3114 GRANT LII	NE RD,	NEW A	ALBANY IN 47150		09/01/2020		
Owner YUHONG LIN				Purpose X Routine	Follow Up 09/08/2020	Released 09/01/2020	
Owner's Address 8615 OAKS WAY		SVILLI	E, KY 40299	Follow-up Complaint			
Person in Charge AMY TSAI	2			Pre-Operational	Manu Tena		
Responsible Pers				Temporary HACCP	Menu Type 1 2 3 _X	4 5	
Certified Food H		COM		Other (list)			
CRITICAL ITEMS ARE IDENTIFIED IN THE CHECKLIST AND NARRATIVE COLUMNS MARKED "C" VIOLATION(S) REPEATED FROM PREVIOUS INSPECTIONS ARE DENOTED IN THE "SUMMARY OF VIOLATIONS" AND IN THE NARRAIVE COLUMN MARKED AS "R"							
Section #	C	NC	Narrative To Be Corrected			orrected	
118	Х		Observed living quarters inside of establishment (currently closed for dine-in). The previously boarded-up doors leading to the upstairs are open. Multiple mattresses and personal items upstairs, including a portable				
			washer and dryer. There are multiple by				
			and hygiene items are scattered through				
438	X		Observed unlabled chemical (granular) in multiple areas. All chemicals TODAY (liquid or solid) must have a common name label.				
245		Χ	Observed damp sanitizing rags through dry/outside of sanitizer.	RETRAIN STAFF			
297		Χ	Observed kitchen cooler and freezer door handles to be dirty with food debris.				
389		Х	Observed boxes, jars, bins, etc stored in closets, hallways, basement, etc. 9/8/20 These are serving no purpose and should be used or disposed o properlyf. May not be used for food storage.				
426		Χ	Observed closet off of dining room to be unorganized and cluttered with 9/8/20 personal and retail items.				
256		Χ	Observed trash can without a lid in wo	9/8/20			
116		Χ				IN STAFF	
177 344	X		Observed multiple instances of raw ov Observed kitchen handsink to be block	RETRAIN STAFF RETRAIN STAFF			
Summary of Violations C <u>4</u> NC <u>6</u> R <u>0</u>							
Received by (nam	e and ti	tle prin	ted):	Inspected by (name and title printed):			
AMY TSAI				A.J. Ingram CHIEF FOOD SPECIALIST			
Received by (sign	ature):			Inspected by (signature):	Inspected by (signature):		
cc: cc: cc:							